

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section effective Oct. 1, 1987, see section 701(a) of Pub. L. 100-175, set out as an Effective Date of 1987 Amendment note under section 3001 of this title.

SUBPART II—PROGRAMS WITH RESPECT TO ALZHEIMER'S DISEASE AND RELATED DEMENTIAS

Editorial Notes

CODIFICATION

Pub. L. 115-406, §2(2)(A), Dec. 31, 2018, 132 Stat. 5362, substituted "PROGRAMS WITH RESPECT TO ALZHEIMER'S DISEASE AND RELATED DEMENTIAS" for "GRANTS FOR DEMONSTRATION PROJECTS WITH RESPECT TO ALZHEIMER'S DISEASE" in subpart heading.

§ 280c-3. Cooperative agreements to States and public health departments for Alzheimer's disease and related dementias**(a) In general**

The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and the heads of other agencies, as appropriate, shall award cooperative agreements to health departments of States, political subdivisions of States, and Indian tribes and tribal organizations, to address Alzheimer's disease and related dementias, including by reducing cognitive decline, helping meet the needs of caregivers, and addressing unique aspects of Alzheimer's disease and related dementias to support the development and implementation of evidence-based interventions with respect to—

(1) educating and informing the public, based on evidence-based public health research and data, about Alzheimer's disease and related dementias;

(2) supporting early detection and diagnosis;

(3) reducing the risk of potentially avoidable hospitalizations for individuals with Alzheimer's disease and related dementias;

(4) reducing the risk of cognitive decline and cognitive impairment associated with Alzheimer's disease and related dementias;

(5) improving support to meet the needs of caregivers of individuals with Alzheimer's disease and related dementias;

(6) supporting care planning and management for individuals with Alzheimer's disease and related dementias.¹

(7) supporting other relevant activities identified by the Secretary or the Director of the Centers for Disease Control and Prevention, as appropriate²

(b) Preference

In awarding cooperative agreements under this section, the Secretary shall give preference to applications that focus on addressing health disparities, including populations and geographic areas that have the highest prevalence of Alzheimer's disease and related dementias.

(c) Eligibility

To be eligible to receive a cooperative agreement under this section, an eligible entity (pur-

suant to subsection (a)) shall prepare and submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a plan that describes—

(1) how the applicant proposes to develop or expand, programs to educate individuals through partnership engagement, workforce development, guidance and support for programmatic efforts, and evaluation with respect to Alzheimer's disease and related dementias, and in the case of a cooperative agreement under this section, how the applicant proposes to support other relevant activities identified by the Secretary or Director of the Centers for Disease Control and Prevention, as appropriate.

(2) the manner in which the applicant will coordinate with Federal, tribal, and State programs related to Alzheimer's disease and related dementias, and appropriate State, tribal, and local agencies, as well as other relevant public and private organizations or agencies; and

(3) the manner in which the applicant will evaluate the effectiveness of any program carried out under the cooperative agreement.

(d) Matching requirement

Each health department that is awarded a cooperative agreement under subsection (a) shall provide, from non-Federal sources, an amount equal to 30 percent of the amount provided under such agreement (which may be provided in cash or in-kind) to carry out the activities supported by the cooperative agreement.

(e) Waiver authority

The Secretary may waive all or part of the matching requirement described in subsection (d) for any fiscal year for a health department of a State, political subdivision of a State, or Indian tribe and tribal organization (including those located in a rural area or frontier area), if the Secretary determines that applying such matching requirement would result in serious hardship or an inability to carry out the purposes of the cooperative agreement awarded to such health department of a State, political subdivision of a State, or Indian tribe and tribal organization.

(f) Non-duplication of effort

The Secretary shall ensure that activities under any cooperative agreement awarded under this subpart do not unnecessarily duplicate efforts of other agencies and offices within the Department of Health and Human Services related to—

(1) activities of centers of excellence with respect to Alzheimer's disease and related dementias described in section 280c-4 of this title; and

(2) activities of public health departments with respect to Alzheimer's disease and related dementias described in this section.

(g) Relationship to items and services under other programs

A State may not make payments from a cooperative agreement under subsection (a) for any item or service to the extent that payment has

¹ So in original. The period probably should be "; and".

² So in original. Probably should be followed by a period.

been made, or can reasonably be expected to be made, with respect to such item or service—

- (1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or
- (2) by an entity that provides health services on a prepaid basis.

(July 1, 1944, ch. 373, title III, § 398, as added Pub. L. 100-175, title VI, § 602, Nov. 29, 1987, 101 Stat. 981; amended Pub. L. 101-557, title I, § 102(a), (b), Nov. 15, 1990, 104 Stat. 2767; Pub. L. 105-392, title III, § 302(a), Nov. 13, 1998, 112 Stat. 3586; Pub. L. 115-406, § 3, Dec. 31, 2018, 132 Stat. 5365.)

Editorial Notes

PRIOR PROVISIONS

A prior section 398 of act July 1, 1944, ch. 373, title III, formerly § 399a, as added Oct. 22, 1965, Pub. L. 89-291, § 2, 79 Stat. 1066; renumbered § 399, Mar. 13, 1970, Pub. L. 91-212, § 10(c)(3), 84 Stat. 67; renumbered § 398, July 23, 1974, Pub. L. 93-353, title II, § 204, 88 Stat. 373, which related to the continuing availability of appropriated funds, was classified to section 280b-10 of this title, prior to repeal by Pub. L. 99-158, § 3(b), Nov. 20, 1985, 99 Stat. 879.

AMENDMENTS

2018—Pub. L. 115-406, § 3(1), substituted “Cooperative agreements to States and public health departments for Alzheimer’s disease and related dementias” for “Establishment of program” in section catchline.

Subsec. (a). Pub. L. 115-406, § 3(2), added subsec. (a) and struck out former subsec. (a) which provided that the Secretary would make grants to States for planning, establishing, and operating programs to provide care to Alzheimer’s patients.

Subsecs. (b) to (e). Pub. L. 115-406, § 3(3), (5), added subsecs. (b) to (e) and struck out former subsec. (b). Prior to amendment, text of subsec. (b) read as follows: “The Secretary may not make a grant under subsection (a) to a State unless the State agrees to expend not less than 50 percent of the grant for the provision of services described in subsection (a)(2).” Former subsec. (c) redesignated (g).

Subsec. (f). Pub. L. 115-406, § 3(7), which directed adding subsec. (f) at the end of the section, was executed by adding subsec. (f) before subsec. (g) as redesignated by Pub. L. 115-406, § 3(4), to reflect the probable intent of Congress.

Subsec. (g). Pub. L. 115-406, § 3(6), which directed amendment of “subsection (f) (as so redesignated)” by substituting “cooperative agreement” for “grant”, was executed by making the substitution in introductory provisions of subsec. (g) as redesignated, to reflect the probable intent of Congress. See below.

Pub. L. 115-406, § 3(4), redesignated subsec. (c) as (g). 1998—Subsec. (a). Pub. L. 105-392, § 302(a)(1), struck out “not less than 5, and not more than 15,” after “shall make” in introductory provisions.

Subsec. (a)(2). Pub. L. 105-392, § 302(a)(2), inserted “who are living in single family homes or in congregated settings” after “disorders” and struck out “and” at end.

Subsec. (a)(3), (4). Pub. L. 105-392, § 302(a)(3), (4), added par. (3) and redesignated former par. (3) as (4).

1990—Subsec. (a). Pub. L. 101-557, § 102(a), substituted “shall make not less than 5, and not more than 15, grants” for “shall make not less than 3, and not more than 5, grants”.

Subsec. (a)(1). Pub. L. 101-557, § 102(b), substituted “with public and private organizations” for “by public and private organizations”.

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EFFECTIVE DATE

Section effective Oct. 1, 1987, see section 701(a) of Pub. L. 100-175, set out as an Effective Date of 1987 Amendment note under section 3001 of this title.

§ 280c-4. Promotion of public health knowledge and awareness of Alzheimer’s disease and related dementias

(a) Alzheimer’s disease and related dementias public health centers of excellence

(1) In general

The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and the heads of other agencies as appropriate, shall award grants, contracts, or cooperative agreements to eligible entities, such as institutions of higher education, State, tribal, and local health departments, Indian tribes, tribal organizations, associations, or other appropriate entities for the establishment or support of regional centers to address Alzheimer’s disease and related dementias by—

(A) advancing the awareness of public health officials, health care professionals, and the public, on the most current information and research related to Alzheimer’s disease and related dementias, including cognitive decline, brain health, and associated health disparities;

(B) identifying and translating promising research findings, such as findings from research and activities conducted or supported by the National Institutes of Health, including Alzheimer’s Disease Research Centers authorized by section 285e-2 of this title, into evidence-based programmatic interventions for populations with Alzheimer’s disease and related dementias and caregivers for such populations; and

(C) expanding activities, including through public-private partnerships related to Alzheimer’s disease and related dementias and associated health disparities.

(2) Requirements

To be eligible to receive a grant, contract, or cooperative agreement under this subsection, an entity shall submit to the Secretary an application containing such agreements and information as the Secretary may require, including a description of how the entity will—

(A) coordinate, as applicable, with existing Federal, State, and tribal programs related to Alzheimer’s disease and related dementias;

(B) examine, evaluate, and promote evidence-based interventions for individuals with Alzheimer’s disease and related dementias, including underserved populations with such conditions, and those who provide care for such individuals; and

(C) prioritize activities relating to—

(i) expanding efforts, as appropriate, to implement evidence-based practices to address Alzheimer’s disease and related dementias, including through the training of State, local, and tribal public health officials and other health professionals on such practices;